

**U.S. Senator Bob Casey
Field Hearing
on
Medicare: Access, Affordability and Coverage**

**Testimony of AARP Pennsylvania
Joanne Grossi
State President**

August 30, 2021



Good Morning, Senator Casey. My name is Joanne Grossi. I am the Volunteer State President for AARP Pennsylvania. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members in all 50 states, D.C., and the U.S. Territories - including 1.8 million members in Pennsylvania. For more than 30 years, I have been involved in public health, public policy and legislative affairs, working with federal, state and local officials in Pennsylvania, Delaware, Maryland, Virginia, West Virginia and the District of Columbia on a wide range of health and social services issues. Thank you for the opportunity to participate in today's Field Hearing highlighting the importance of access and affordability of expanded Medicare coverage for dental, hearing and vision benefits.

Fifty-six years ago, President Lyndon Johnson signed the Social Security Amendments Act of 1965 and thus, created Medicare. Serving as a federal health insurance program for people age 65 and older, regardless of income or medical history, and for people under age 65 with permanent disabilities, Medicare currently provides guaranteed, affordable coverage that for more than 60 million Americans, including nearly 2.8 million Pennsylvanians.

AARP's founder, Dr. Ethel Percy Andrus, played an active and important role in championing health insurance for older Americans. She helped craft Medicare into a successful program, and today AARP remains one of Medicare's strongest advocates. AARP has long supported closing the gaps in health coverage by including dental, hearing, and vision coverage in the Medicare program. The lack of coverage for these important health benefits leads to worse health outcomes for older Americans and could actually cause higher Medicare spending.

We know the majority of Medicare spending is on the fraction of beneficiaries with chronic conditions, such as diabetes and heart failure. We also know that social isolation can hasten the onset of dementia, and an AARP study shows it costs Medicare

an additional \$6.7 billion a year. And, we know that falls resulting from imbalance, weakness, or poor sight can lead to costly hospitalizations and long-term care.

Meanwhile, Medicare does nothing to prevent infections originating in the mouth. It does nothing to help people retain or replace their teeth in order to eat and be properly nourished. It does little to help people speak, smile, or build relationships to fight off loneliness. And, it does little to help people hear and see obstacles. In short, Medicare will cover the expensive aftermath, but not the less expensive prevention.

A recently released [Kaiser Family Foundation report](#), which analyzed dental coverage and costs for people with Medicare, shows that many people enrolled in Medicare go without dental care, especially beneficiaries of color. Almost half of all Medicare beneficiaries (47%) did not have a dental visit within the past year (47%), with higher rates among those who are Black (68%) or Hispanic (61%). Rates were also higher among those who have low incomes (73%) or who are in fair or poor health (63%).

One reason Medicare beneficiaries do not seek care is a lack of insurance. Nearly half of all people with Medicare (47%) do not have dental coverage. The others get this coverage through Medicare Advantage (29%), private insurance (16%) and Medicaid (8%). While these programs recognize the value of dental, hearing, and vision in keeping people healthier longer, their coverage is inconsistent, and not nearly robust enough. In order to achieve the best possible health outcomes, and the greatest value, Medicare should cover the entire person – from head to toe.

I'd like to give a little more context about how the lack of a dental benefit, for example, stands in stark contrast to a positive development in health care – thinking and acting holistically to keep a person healthy, and not just treating the symptom or disease. The lack of a dental benefit worsens the problem of social isolation. Helping older adults build strong social connections is a top priority for AARP. One respected study has found that the impact of prolonged social isolation is equivalent to smoking 15 cigarettes a day. So we have to ask, why continue a policy that ignores oral health, that leaves so

many older adults with tooth loss, that makes them embarrassed about their smile, and makes it harder for them to communicate? We can help prevent the social isolation that comes with losing your self-confidence and ability to connect with family and loved ones.

Simply put: Medicare should cover dental care, vision care – including eyeglasses – and hearing care – including hearing aids. Medicare beneficiaries want, need and deserve these services and are often surprised when they learn Medicare doesn't cover them. It is time for Congress to take action to add in these essential benefits. AARP is fighting hard to make sure this happens and we appreciate your leadership in this space. Thank you for listening. I am happy to answer any questions.